

Refine Search

Search Results -

Terms	Documents
(compliance or comply\$3 or compl\$6) same (rul\$3 or engine) same (payment or fee or pay\$6) same (doctor or praction\$6 or physician) same (patient or individu or person)	4

Database:

US Pre-Grant Publication Full-Text Database
US Patents Full-Text Database
 US OCR Full-Text Database
 EPO Abstracts Database
 JPO Abstracts Database
 Derwent World Patents Index
 IBM Technical Disclosure Bulletins

Search:

L13

Refine Search

Recall Text

Clear

Interrupt

Search History

 DATE: Tuesday, May 31, 2005 [Printable Copy](#) [Create Case](#)

<u>Set</u> <u>Name</u>	<u>Query</u>	<u>Hit</u> <u>Count</u>	<u>Set</u> <u>Name</u> result set
	<i>DB=USPT; PLUR=YES; OP=ADJ</i>		
<u>L13</u>	(compliance or comply\$3 or compl\$6) same (rul\$3 or engine) same (payment or fee or pay\$6) same (doctor or praction\$6 or physician) same (patient or individu or person)	4	<u>L13</u>
<u>L12</u>	17 and (compliance or comply\$3 or compl\$6) same (rul\$3 or engine) same (payment or fee or pay\$6) same (doctor or praction\$6 or physician)	0	<u>L12</u>
	<i>DB=PGPB; PLUR=YES; OP=ADJ</i>		
<u>L11</u>	20020133374	1	<u>L11</u>
<u>L10</u>	20020128864	1	<u>L10</u>
<u>L9</u>	20010034618	1	<u>L9</u>
	<i>DB=USPT; PLUR=YES; OP=ADJ</i>		
<u>L8</u>	20010034618	0	<u>L8</u>
<u>L7</u>	(5301105 or 5550734).pn.	2	<u>L7</u>

<u>L6</u>	L5 and (product\$3 or quantify\$3) same (fusion or combin\$6 or fus\$6)	5	<u>L6</u>
<u>L5</u>	L4 and (compar\$6 or match\$6 or mapp\$6 or measur\$6)	44	<u>L5</u>
<u>L4</u>	L3 and generat\$3 same (output\$6 or result\$6)	46	<u>L4</u>
<u>L3</u>	L2 and (decision or decid\$3 or knoweledgebase or expert) same (engine or rul\$3)	53	<u>L3</u>
<u>L2</u>	(insurance or assurance) same underwrit\$6	264	<u>L2</u>
<u>L1</u>	(5586313 or 5692107).pn.	2	<u>L1</u>

END OF SEARCH HISTORY

generated documentation

Full	Title	Citation	Front	Review	Classification	Date	Reference			Claims	KMIC	Draw De
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Clear	Generate Collection	Print	Fwd Refs	Bkwd Refs	Generate QACS
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Terms	Documents
(compliance or comply\$3 or compl\$6) same (rul\$3 or engine) same (payment or fee or pay\$6) same (doctor or praction\$6 or physician) same (patient or individu or person)	4

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Generate Collection

Print

L13: Entry 1 of 4

File: USPT

Aug 5, 2003

DOCUMENT-IDENTIFIER: US 6603464 B1

TITLE: Apparatus and method for record keeping and information distribution

Detailed Description Text (27):

In a variation to the method described above, external systems that receive (as inputs) outputs from the pen and/or computer described above may be centralized and optimized to handle such outputs. Here are just a few of many possible examples of external systems that may be centralized and optimized for use with the invention described: a. Pharmacy: inputs received by an external pharmacy system may consist of a sound file describing the prescriptions requested and accompanied by patient insurance/demographic information in structured textual format, physician electronic signature (or digitized hand-written signature, as captured from the form), other pertinent information in structured textual format such as age, sex, weight, vital signs, diagnosis, current medications, certain laboratory studies, etc. The sound file is parsed with voice recognition software running on a dedicated workstation to convert speech to text and attach a probability of accuracy to it. Additionally, the process uses a pharmacy-specific vocabulary for matching of words and context along with an ordering physicianspecific/pharmacy-specific voice profile which is built with sound files from previously confirmed pharmacy orders placed by the current ordering physician along with any training sound files (i.e., known words and sentences that may have been read by the physician as part of a process to train the voice recognition system to correctly convert speech to text for the given physician). This combination of techniques greatly improves the accuracy of the speech to text conversion. After speech to text conversion, the prescription orders are compared against generally accepted dosages for age, sex, weight, diagnosis, certain laboratory values, etc. Such checks may result in real-time and/or batched prompt(s) (multiple issues presented in one transmission) to the ordering physician in various categories (e.g., informational, relative contraindication, absolute contraindication--in which case prescription will not be filled without ordering physician and pharmacist override). If the speech to text conversion has an acceptable accuracy level and there are no absolute contraindications identified then the prescription is automatically filled (e.g., labeled bottle prepared and auto-filled via a pharmacist-supervised robotics process) or manually filled by a pharmacist, packaged and shipped for next day delivery to the patient (the first dose(s) of medicine can be supplied by the physician to the patient in a start-pack). Regardless, a complete record of the processed prescriptions is transmitted to the ordering physician to be immediately played and/or viewed or viewed and verified in a batch routine, with subsequent update of the patient's record b. Laboratory: Initial steps could be handled in similar fashion to Pharmacy system (i.e., immediate transmission to lab-processing server for speech to text conversion of sound file, etc.). Beyond that, ordering physicians may be prompted for additional information or clarification, in real time or in a batch fashion, depending upon the nature of the order problem. Also, issues of compliance (e.g., appropriate ICD code for the test ordered), medical necessity, and non-payment waivers for patient signing may all be addressed in real-time (i.e., while the patient is still in the physician office). Finally, a completed order requisition may be printed in the office for the patient to carry to a draw station (or patient is drawn in the office). The requisition contains tests ordered, draw and transport requirements, performing lab choices based on patient insurance, etc. This description represents

just one of many possible optimized scenarios, based on available performing area labs, insurance restrictions, and other factors. c. Medical Necessity/Billing compliance: If physician dictates CPT/ICD code combinations then a central speech to text conversion takes place similar to the process described in `Pharmacy`; or the physician marks boxes on a billing form corresponding to the desired CPT/ICD code combinations. Once this step is complete then the selected CPT/ICD code combinations are compared to the history and examination recorded on the form (and thus captured in the computer). The physician is prompted in real time where billed charges are not supported by the document and/or the document supports billable charges that were not billed. This prompt may be in the form of a beep, voice message, display on a near-by computer screen and/or some combination of these events. d. Billing and Receivables management: Once the physician and or billing supervisor verifies that the document and associated CPT/ICD code combinations are correct (through rules established by the practice--e.g., physician signs the report as the patient leaves the exam room and no medical necessity/billing compliance issues are detected by software) then the patient's account is automatically updated in the receivables management system (or a new account is automatically created) and a claim form is automatically prepared, and electronically transmitted to the appropriate clearing house (or directly to the insurance company). Insurance requests for clarification are typically automatically addressed with automatic Fax transmission or printing for mailing of the relevant patient record(s) or electronic transmission of the patient records where insurance company has this capability to handle an electronic record document. Accounts may be cycled with claims for copays to 2.sup.nd insurance, statements printed for mailing to patients, etc. with very little human intervention, other than to answer patient inquiries which can't be handled by automated means (e.g., phone menu system, web site for account inquiry, update of insurance info. Etc.).

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☐ 1. Document ID: US 6603464 B1

L13: Entry 1 of 4

File: USPT

Aug 5, 2003

US-PAT-NO: 6603464

DOCUMENT-IDENTIFIER: US 6603464 B1

TITLE: Apparatus and method for record keeping and information distribution

Full	Title	Citation	Front	Review	Classification	Date	Reference	Claims	KWIC	Draw D
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☐ 2. Document ID: US 5724575 A

L13: Entry 2 of 4

File: USPT

Mar 3, 1998

US-PAT-NO: 5724575

DOCUMENT-IDENTIFIER: US 5724575 A

TITLE: Method and system for object-based relational distributed databases

Full	Title	Citation	Front	Review	Classification	Date	Reference	Claims	KWIC	Draw D
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☐ 3. Document ID: US 5560005 A

L13: Entry 3 of 4

File: USPT

Sep 24, 1996

US-PAT-NO: 5560005

DOCUMENT-IDENTIFIER: US 5560005 A

TITLE: Methods and systems for object-based relational distributed databases

Full	Title	Citation	Front	Review	Classification	Date	Reference	Claims	KWIC	Draw D
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☐ 4. Document ID: US 5483443 A

L13: Entry 4 of 4

File: USPT

Jan 9, 1996

US-PAT-NO: 5483443

DOCUMENT-IDENTIFIER: US 5483443 A

TITLE: Method for computing current procedural terminology codes from physician

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